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ABSTRACT

In this document, a "two-generation program" is defined as a program "that addresses the developmental needs of children within a family support context." The rationale for Head Start as a two-generation program that includes, but goes beyond, the boundaries of the welfare reform strategy, is explored. Major program goals target parents, other family members, and one or more focal children. The Head Start intervention focuses on the promotion of near-term outcomes for children and their families. Increased attention to the lasting effects of preschool programs underscores the expectations that multigenerational consequences can be anticipated, and such anticipation can help break the intergenerational poverty cycle. Long-term gains can be mediated by Head Start's initial impact on both child and family outcomes. A discussion of Head Start's historical focus on addressing the needs of children in the context of the family and community is followed by the presentation of a conceptual framework for a two-generation model that builds on such programs as Head Start: JOBS, New Chance, and Even Start. Steps for research and evaluation are proposed. Contains 25 references. (LB)

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Head Start as a Two-Generation Program

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Presentation at a National Working Conference
Sponsored by the Administration for Children, Youth and Families
NEW DIRECTIONS IN CHILD AND FAMILY RESEARCH:
SHAPING HEAD START IN THE NINETIES
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Introduction

Head Start is once again in the mainstream of national policy. The Head Start Act provides a foundation for ongoing program expansion and quality improvements, with an authorization for full funding phased in over a period of several years. President George Bush and the nation's governors have showcased Head Start as a contributing factor to the achievement of national educational goals (*America 2000*, 1991). Senators Edward Kennedy and Christopher Dodd have introduced the School Readiness Act of 1991, which includes a provision to make Head Start an entitlement program, insuring that all income eligible 3-5 year olds not attending kindergarten would be able to receive comprehensive Head Start services (*S. 9-1-1*, 1991). Groups such as the Committee for Economic Development, the National League of Cities and the Children's Defense Fund have called for universal Head Start.

Head Start's potential contribution to school readiness is widely recognized and generally accepted. What is less clearly understood is the full extent of other Head Start benefits. There is a growing awareness that Head Start provides a range of medical, dental and nutritional services for children in addition to early childhood education, and, for children with disabilities, special services tailored to diagnosed needs. There is less clarity about the services that are or should be focused on the family.

Paradoxically, it is with respect to services directed at parents and other family members that the most exciting Head Start innovations are occurring at the opening of the decade of the 1990s. The Administration for Children, Youth and Families (ACYF), under the leadership of Commissioner Wade F. Horn, Ph.D., has launched program initiatives including family literacy, substance abuse, increasing the employability of parents and other family members, family service centers, and other areas related to family self-sufficiency. ACYF is fostering collaboration with related Federal and state programs, such as the Job Opportunities and Basic Skills Training (JOBS) program and the target cities substance abuse program of the Office for Treatment Improvement (OTI) in the Public Health Service.

ACYF has also announced the availability of financial assistance to serve additional children from birth to 3 years of age and their families, including pregnant women, through an expansion of Parent and Child Centers (PCCs), potentially to provide PCC services in every state. In addition, ACYF has published advance notice of a forthcoming Head Start transition demonstration, to be carried out in collaboration with local educational agencies, that would expand the parameters of early childhood education to include a support team

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of family service coordinators to help children and their families access a broad range of services.

The Silver Ribbon Panel of the National Head Start Association issued a report and "Recommendations for Head Start in the 1990's" (Panel, 1990). The Panel's principal priorities were insuring Head Start quality and continued expansion of program enrollment. In addition, the Panel called for strategies to expand family support and health services, including allowing the Child and Family Resource Program (CFRP) as a Head Start option. The Panel pointed to numerous local family support innovations that have emanated from grassroots activity by individual Head Start programs targeted on such themes as "substance abuse, literacy, homelessness and employability" while recommending a more systematic approach to demonstrations, research and dissemination of promising practices.

There are significant aspects of overlap and agreement in the actions of ACYF, the Head Start community and child advocates with regard to Head Start's role in family support. None of the players, however, has articulated a conceptual framework to spell out the dimensions of family support. The result is a series of disconnected program actions or policy initiatives, each promising and justifiable in its own right, but collectively falling short of an overarching program strategy.

In the absence of a program strategy for family support, it is difficult to set boundaries and expectations for local Head Start programs. Research and evaluation efforts are unable to achieve their full potential if each program initiative is examined independently. Family needs assessment, case management, and monitoring and reporting tools are hard to develop. Other agencies are not clear about what to expect from program collaboration with Head Start. Since Head Start is not (and should not be) funded to deliver the full range of family services; it is hard to determine how the costs should be allocated among Head Start and other programs and agencies. Most importantly, the nation is unable to learn the full story of what the investment in Head Start is producing in outcomes for children and families.

A promising starting point for evolving a strategy and conceptual framework for Head Start is the two-generation models that are being analyzed in the context of welfare reform efforts since the passage of the Family Support Act of 1988 that launched JOBS (Smith, Blank and Bond, 1990). These models have a common strategy: "they help families attain economic self-sufficiency through education and job training while also providing other services, such as parenting education and high-quality child care, that support children's healthy development. As two-generation interventions these programs show promise of addressing both immediate and long-term impediments to healthy development and educational success for poor children." (Smith, 1991).

The purpose of this paper is to explore the rationale for Head Start as a two-generation program (including but going beyond the boundaries of the welfare reform strategy). *A two-generation program is herein defined as one that addresses the developmental needs of children within a family support context. Major program goals target parents and other family members as well as one or more focal children.*

Head Start can be viewed as a two-generation program from a dual perspective. First, the Head Start intervention is focused on promoting near-term outcomes for children and their families, dealing with two generations at the same time. Second, the increased attention being given to the lasting effects of preschool programs underscores the expectation that early intervention may help shape a child's developmental trajectory. Early childhood programs may potentially exert lasting influences observed in adolescence or adulthood (and in the offspring of those individuals). Multi-generational consequences can be anticipated, contributing to breaking the intergenerational poverty cycle. These long-term gains may be mediated by Head Start's initial impact on both child and family outcomes (as well as by the subsequent influences of school and other environmental factors).

The discussion begins with the historical focus of Head Start on addressing the needs of children in the context of the family and the community. Next an approach to developing a conceptual framework for a two-generation program model is described. Finally, suggested next steps for research and evaluation are outlined.

Historical Trends

To some extent, Head Start has always been a two-generation program. The original blueprint for Head Start, developed by a panel of experts in February 1965, called for unprecedented involvement of parents and other family members (Cooke, 1972). This emphasis took into account the capabilities of low income and minority families as well as the critical role of parents in the development and learning of their own children. From Head Start's inception, parent involvement took many forms, including participation on policy councils and boards, working as a volunteer in the classroom, and, for some parents, assuming paid staff positions.

During the 1970s, ACYF (formerly the Office of Child Development) mounted several demonstration programs to broaden parent involvement and to try out innovative strategies for strengthening families. Home Start, the Child and Family Resource Program (CFRP) and Project Developmental Continuity are among the experimental projects launched during that period (Collins, 1981; Nauta and Hewett, 1988). Corollary developments were occurring in operational Head Start grantees. The home-based model was introduced as an option, and 516 Head Start programs presently include some home-based services (Collins, 1980; *Project Head Start*, 1991). In the program performance standards, Head Start programs were required to place greater priority on parent-child interaction and on the parental role in child development and learning (*Federal Register*, 1975).

The 1980s were a period of consolidation for Head Start, as ACYF moved to assimilate and ratify the changes of the prior decade, including a broader role for parents. A pattern of modest budget increases, begun in 1978, led to a slow but steady rise in the number of children served. This bipartisan policy reversed the steep decline in funded enrollment that had occurred from 1967 to 1977 as a consequence of relatively static funding, compounded by inflation and the conversion from summer to full-year services. Enrollment rose from an all time

low of 333,000 in 1977 to over 448,000 in 1988, a 35% increase. Important as this enrollment growth was to Head Start's stability and popularity, Head Start services failed to keep pace with the dramatic increases in the numbers of children in poverty during that period. Federal innovations focused on strengthening parent involvement and family support activities slowed to a trickle. The Head Start community began to voice serious misgivings about the competition for resources between program expansion and quality.

President Bush inaugurated a new era for Head Start with his endorsement of major budget hikes. Support from the Congress and the governors has made it feasible to rethink Head Start's goals. The prospect of extending program services to all eligible participants raises the stakes regarding the specification of Head Start's target outcomes for children and families. Parallel with ACYF's initiatives, Head Start is coming to be regarded by policymakers and planners as a central feature of program strategies in early education, family literacy, JOBS, substance abuse, health delivery and other family support areas.

Now is the time to assess realistically the extent to which Head Start can be expected simultaneously to emphasize goals for children and the family. Are these goals complementary or competitive? What are the pivotal assumptions regarding child and family functioning and the community ecology for low income families? What are the resource implications of a two-generation strategy? If Head Start is to assume a broader family support role, what does this require in terms of linkages with other community level service providers? How might Federal and state governments collaborate to eliminate barriers and to provide support and incentives for a two-generation strategy?

Approach to a Conceptual Framework

It should be acknowledged that the time when a handful of decisionmakers could develop a strategy for the nationwide Head Start program and proceed to implement the plan is past. This proved possible under the extraordinary circumstances of the mid-1960s and early 1970s, but it is neither feasible nor desirable today (Collins and Kinney, 1989). A viable two-generation strategy must be one that attracts the support of all major stakeholders, including ACYF (and other Federal officials), the Head Start community, child and family advocacy organizations, the Congress, and state and local groups that help fund or provide services collaboratively with Head Start.

This section outlines five key principles that should be reflected in a two-generation strategy for Head Start. These principles can serve as building blocks of an approach that has the potential to lead to a consensus among the stakeholders. The principles are as follows:

1. Build on the existing strengths of the Head Start program.

2. Respond to child and family needs in a holistic fashion.

3. Formalize collaboration with other Federal, state and local funding sources.

4. Develop a kit of program management tools to facilitate family support.

5. Set realistic goals and objectives and assess results systematically.

Each principle is commented on briefly in this section:

1. Build on the existing strengths of the Head Start program.

A two-generation program strategy should represent a natural evolution following the major lines of Head Start's development. Earlier program innovations have been successful to the extent that each represented a logical next step in carrying forward the core philosophy and program design conceived by Head Start's founders.

The program has many areas of comparative advantage. Head Start is one of the few institutions (some would say the only one) that is trusted by the poor and minorities, on the one hand, and local community leadership and other service providers, on the other hand. Head Start agencies deliver services in over 1,300 communities nationwide. By virtue of its pluralistic delivery system, Head Start grantees and delegate agencies include community action agencies, city and county government, school systems, religious institutions, Native American tribes, universities and community colleges, and a wide spectrum of other community organizations. There is a Head Start program presence in most neighborhoods with a high concentration of poverty families, and it takes the institutional shape that the community residents decide makes sense.

Head Start has a 26 year record of serving nearly 12 million poor and minority children and their families. Roughly 1 out of 2 (47%) Head Start families are on AFDC (Aid to Families with Dependent Children) and thereby eligible for other child and family services. The median family income of participants is slightly over $6,000. Two-thirds of children served are minorities. Single parents head 55% of the families. As the onset of sexual activity begins ever earlier, growing numbers of adolescent parents are enrolling children in Head Start (and even larger proportions of teenage parents participate in PCC). Over 75,000 children with professionally diagnosed disabilities are provided special education and related services in Head Start (13.9% of enrollment). Head Start is the largest provider of mainstream services to preschool children with disabilities. Head Start already serves the children and families other social services programs strive desperately to find and recruit.

Head Start's basic program design, devised in the 1960s and refined in the early 1970s, has stood the test of time and requires few modifications. The program performance standards have been used as a model for a good early childhood program by prekindergarten programs in the public schools, by child care organizations, and by state legislators designing early intervention programs. While there should be ongoing improvements to capitalize on our growing knowledge about children's learning and development, the standards pertaining to children are fundamentally sound.

Similarly, program objectives for parent involvement address the principal aspects of Head Start philosophy: 1) parents as the principal influence in their child's education and development; and 2) opportunities for parent participation in decision making, as classroom volunteers, as paid employees, and in other

program capacities. These provisions work. Over 484,000 parents volunteered in Head Start during operating year 1989-90. Parents of current or former Head Start children comprise over one-third (35%) of Head Start staff.

To cite the strengths of Head Start is not to imply that the program is perfect. Far from it. Program operations nationwide are too uneven for this claim to be made. ACYF has launched several recent initiatives to improve monitoring and technical assistance. The Head Start Act mandates that every Head Start classroom have a teacher with a Child Development Associate (CDA) credential or other appropriate qualifications by 1994 (82.8% meet that standard at present). There is a need to upgrade staff compensation that falls substantially short of comparability (Collins, Summer 1990). The Silver Ribbon Panel has made a case for other priority targets for quality improvements.

Two chronic weaknesses in Head Start's components are potential barriers to formulation of a two-generation strategy. These are social services and mental health. The comparatively modest expectations for social services set forth in the performance standards include identifying the needs of families and working with other community agencies to develop programs to meet those needs. With some noteworthy exceptions, the social services provided by Head Start and/or collaborating agencies have been spotty. A Commissioner's Task Force on Social Services in Head Start has identified steps to strengthen the component.

Mental health is defined in the performance standards primarily in the context of a comprehensive services approach to child development. The problem here is not with the conceptualization but with practical difficulties in execution in the light of the restricted in-house staff expertise in children's mental health compounded by a nationwide shortage of preschool mental health resources. The standards provide for some limited attention to family mental health needs, including collecting a medical and family history, regular group meetings of parents and staff, and "opportunity for parents to obtain individual assistance." Anecdotal evidence suggests that obtaining family history pertinent to mental health needs assessment (for example, with reference to the abuse of alcohol or other drugs) is a hit-or-miss affair (Collins and Anderson, 1991). Few Head Start programs systematically pursue mental health services for parents.

2. Respond to child and family needs in a holistic fashion.

Smith (1991) has identified five program models that employ a two-generation strategy. Two program models were developed with specific reference to the Family Support Act and link the JOBS program to developmental early childhood services. The first is Expanded Child Care Options (ECCO) which is an experimental project being conducted by Mathematica Policy Research, Inc., to test out three conditions that vary on dimensions of child care quality and stability.

The second is one that links JOBS to the Head Start program. Central goals of the Head Start-JOBS collaboration are to: 1) provide extended day child care to Head Start children with parents participating in JOBS education, training or employment services; and 2) provide comprehensive case management to address "the family needs, the child's development, and the mother's successful

progress toward employment." In February 1991, Philadelphia's Head Start program signed a formal agreement with the Philadelphia County Assistance Office spelling out their collaborative program understandings for Head Start-JOBS linkages.

Smith's other three models have been created independently of JOBS. The third is the Comprehensive Child Development Program (CCDP) which is a demonstration project that recruits poor families with children under age 1 and pregnant women and organizes a multiyear array of child and family services (Abt Associates, Inc., 1990; Smith, Al, 1990).

The fourth is the New Chance demonstration that is managed by the Manpower Demonstration Research Corporation (MDRC, 1990). New Chance targets young mothers aged 16-22 on AFDC who are high school dropouts. New Chance is a highly structured model, with most services delivered on site during the first 5-8 months of the program. Services include adult education, job training, life skills, parent education, family planning, on-site developmental child care and other family health services. Parents participate for an average of 30 hours per week and stay in the program up to 18 months.

The fifth model is Even Start, a program administered by the Department of Education in 119 communities. Even Start serves low income families with children ages 1-7 in a combined child development and family literacy strategy (the specific age range is a local option). Even Start mandates three areas of services: 1) adult basic education, including GED and literacy training; 2) early childhood education; and 3) parent-child interaction to promote healthy child development. Child Development, Inc., is an example of a Head Start program administering Even Start in collaboration with 25 school districts in western Arkansas. CDI utilizes a home-based model (HIPPY, Home Instruction Program for Preschool Youngsters) for four-year-olds in Head Start, with a second year of transition while the HIPPY children are in kindergarten. In addition to Head Start comprehensive services, the HIPPY model, and Even Start's mandated areas of services, the families participate in a demonstration program of home-based adult education, devised by CDI and funded by the state.

Another example of Head Start's involvement in a two-generation program model is OTI's target cities program. Eight target cities have been funded by OTI to implement substance abuse demand reduction and treatment improvement strategies in coordination with substance abuse treatment providers and other community agencies. For example, Baltimore Substance Abuse Systems, Inc., created to implement the target cities program, is working out a partnership relationship with the local Head Start program to provide a range of substance abuse services to Head Start participants in the context of a comprehensive services approach. In turn, Head Start would extend outreach and provide other complementary services in coordination with the treatment network. OTI and ACYF have collaborated in the development of Head Start's substance abuse strategy which includes an opportunity for Head Start programs to apply for funds, with a set-aside for the target cities.

While none of the above program models may be totally "holistic" in an ideal sense, each takes giant steps toward that goal. In contrast with narrow, categorical services, each of these approaches recognizes that low income

families face a syndrome of interrelated problems. There tends to be a co-presence of poverty, substance abuse, child abuse, unemployment, illiteracy, mental illness, lack of support systems, and other social and economic problems affecting vulnerable children and families. If these issues are tackled one at a time, little progress can be anticipated. Moreover, family stresses could undo the child's gains in the Head Start classroom (or undermine parental efforts to reinforce the benefits of early childhood education).

Two-generation models offer a highly leveraged point of departure. As noted, some Head Start programs are already involved in two-generation models that approximate holistic alternatives to conventional single-service approaches.

3. *Formalize collaborations with other Federal, state and local funding sources.*

Head Start has a fairly good track record of working with other agencies. Since the 1972 mandate to provide special services to children with disabilities, Head Start programs have collaborated with state and local educational agencies. These partnership relationships have included identifying children with special needs, diagnosing specific disabilities and arranging appropriate services. Some LEAs and SEAs have used their Federally subsidized resources from the Department of Education to supplement Head Start's budget category for serving handicapped children.

Head Start programs are eligible for reimbursement under the Child Care Food Program administered by the Department of Agriculture. USDA pays for breakfasts, snacks and nutritious lunches for low income children in Head Start and other child care programs. Some Head Start programs and most PCCs cooperate with WIC (Special Supplemental Food Program for Women, Infants and Children) also administered by USDA.

Medicaid, including the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program, is a major feature of the delivery system for Head Start children and families receiving health services. Medicaid payments do not generally go directly to the Head Start grantee (except for those Head Start programs, such as CDI, that are authorized providers of Medicaid services), but they nonetheless defray health costs that would otherwise have to be supported by the Head Start budget.

Services for children with disabilities, the Child Care Food Program, WIC and Medicaid/EPSDT are long-standing Head Start relationships, begun in the 1970s. No major additions to these partnership arrangements were made during the 1980s. A new pattern of collaboration is emerging as a result of ACYF's recent family support innovations. JOBS and substance abuse linkages could in time leverage substantial resources on behalf of services to Head Start families. The Even Start program has a similar potential (although to date relatively few Head Start programs have been included in the Even Start delivery systems of local educational agencies).

These partnerships do not occur by chance. They are typically the result of a shared program strategy coupled with a lot of work by ACYF at the Federal level, local Head Start programs and the other concerned agencies. Federal

and state interagency arrangements can provide a useful framework. Some HHS Regional Offices have exercised leadership in setting the stage for collaboration. For example, Region III, which has stewardship of Head Start operations in Mid-Atlantic states, took the lead in brokering the Head Start-JOBS linkages in Philadelphia. Signed agreements at the local level are advisable to cement informal working relationships, spell out who does what, and identify cost sharing arrangements.

4. *Develop a kit of program management tools to facilitate family support.*

In order to plan and manage two-generation approaches, Head Start agencies must have the proper tools. There is a need for technical assistance and program management support in the following areas:

- Child and family needs assessment;
- Family case management; and
- Computerized management information systems.

For Head Start to respond to the needs of individual children and the profile of vulnerabilities and strengths of specific families, adequate assessment instruments and knowledge of how to use them is required. The state of the art of child and family needs assessment is uneven, and a local program's capacity to tap the knowledge base is limited.

Child health screening and evaluation is the strongest area, and Head Start has made impressive strides in the delivery of basic medical and dental services to preschoolers. Breakthroughs are being made in screening and diagnostic procedures for children with disabilities (Meisels and Provence, 1989). Head Start can be expected to benefit as these techniques become more widespread at the community level. Many Head Start teachers use developmental assessment as at least a partial basis for shaping classroom educational services, often devising their own procedures as a variation on common instruments for preschoolers.

Family support should be the priority area for the development of needs assessment tools. The Model Family Needs Assessment (FNA) or a local variation of that form is used by nearly three-fourths of the Head Start programs to identify social service needs. The FNA is designed to serve the purpose of a Head Start intake form. The FNA profile includes basic demographic information on each family member, and information on health, income, education, employment, housing, and transportation. General information is included on family aspirations as well as on strengths and resources for achieving these aspirations.

The FNA is a good point of departure, but it is somewhat superficial and the form does not adequately take into account the worsening social and economic conditions affecting Head Start families in the past decade. Head Start today serves more severely at-risk families than at any time in its history.

There are serious limitations, moreover, on how the FNA is used. Many programs do their needs assessment at the beginning of the year (or in the spring and summer before program operations get underway in the fall) as a part of the enrollment process. Low income and minority families are reluctant to provide information about sensitive issues, such as alcohol and other drug abuse, when they have not yet gotten to know the staff. Head Start programs that do ongoing needs assessment and stay in close touch with families during the year report that such sensitive information is picked up as a byproduct of an evolving pattern of family-staff trust and communication.

Better family case management procedures are similarly required. Head Start programs frequently refer families for social services, but with limited follow up or feedback. The combination of incomplete needs assessment and restricted case management puts the burden on other community agencies to identify and respond to the full spectrum of needs of families with multiple problems. Other agencies are quick to acknowledge that they can't bridge the gap. As a consequence, family needs are dealt with in a fragmentary fashion. The cumulative effect of these halfway measures is that the family is unable to cross the threshold to self-sufficiency.

It must be recognized that Head Start programs are inadequately staffed for case management even if procedures were improved. Three steps are necessary. First, an upgrading of social services staff capacity must occur (this function is carried out by staff with differing titles and job roles in each local program). It is not uncommon for a social services staff member to have responsibilities for upwards of 100 families (sometimes as many as 200). No one can do an adequate job of family needs assessment, case management, and recordkeeping faced with those numbers. A workable family caseload would be in the range of 30-50 families, depending on the severity of family circumstances, the presence and resources of other service agencies in the community, and the extent to which "social services" and recordkeeping functions are shared by other Head Start staff. For example, parent involvement, health services, and handicapped coordinators, home visitors, and center directors and other supervisors frequently share family support functions.

Second, an interdisciplinary case management approach should be adopted. All staff involved in family support should periodically share information in a joint staffing team setting to take stock of how things are going and to determine next steps. It may be useful to include the parent(s) in such team discussions. Head Start programs commonly employ such a team approach for children with disabilities. Such a case review procedure is only occasionally followed for other families.

Third, joint case management procedures should be worked out between Head Start and other agencies. Simple referral is not enough and, for tough problems like substance abuse or adult education and employability, cannot be expected to achieve results. Other agencies should identify specific staff members with whom Head Start social services staff can develop close working relationships. Families must be dealt with in a personalized manner. The services plan should be developed and monitored in a collaborative spirit with the Head Start program complementing and reinforcing family support services in which the other community agency will generally assume the lead role. Joint

case management should be accompanied by coordinated recordkeeping and procedures for sharing confidential information on a "need to know" basis.

Improved needs assessment and case management will increase the recordkeeping requirements of local Head Start programs. The pressures of enrollment expansion have already stretched to the breaking point the capacity of many local programs to keep records by old fashioned methods.

About half of the Head Start agencies have taken beginning steps to computerize. All Head Start grantees and delegate agencies should be encouraged to move aggressively to adopt modern computerized management information systems. Today's computers are powerful and inexpensive (less than $2,000 will purchase a 286 IBM compatible computer system, complete with a 40 megabyte hard disk and a workable printer). Four or five vendors have developed Head Start specific software that is adequate for most program management purposes.

ACYF has recently launched a project to develop a Head Start Family Information System (HSFIS) that has the potential to serve as the cornerstone of a MIS for a two-generation strategy. HSFIS, managed under contract with Ellsworth Associates, Inc., is being designed as a computerized child and family database with the potential for input and use by local Head Start programs. The concept is that a subset of the child and family data would be reported annually to ACYF and would provide a nationwide descriptive profile of Head Start participants parallel to the program level information now contained in the Program Information Report (PIR).

5. Set realistic goals and objectives and assess results systematically.

The year 2000 is a reasonable target date for Head Start programs to have put in place many of the elements of a two-generation strategy. During the 1990s, Head Start can serve as a national laboratory of how to plan and implement holistic, family-centered program approaches in partnership with other community groups.

The goal is *not* for Head Start to become the primary provider of services to families. Far from it. The aim is rather for Head Start to serve as a catalyst to target essential services on children and their families, drawing upon the resources of the community-wide delivery system. "Going it alone" is seemingly easy. Working with others poses a challenge, but carries with it a greater payoff.

Head Start should beware of the pitfalls of "trying to do everything first." A phased, incremental approach should work nicely. A sense of proportion is recommended. A sense of humor would also come in handy as some of the initial trial balloons explode with a disappointing pop. Innovation is like baseball; no one bats a thousand.

Prime candidates for getting started are those program activities that have been identified as national problems. As noted above, ACYF has taken initial steps in the case of substance abuse, employability, family literacy and other family support initiatives. Demonstration programs are being launched.

In the future, it should prove feasible to clarify what is expected of all Head Start agencies with regard to extended day or "wrap-around" child care. The preponderance of part-day or double sessions services, and the lack of full-day child care, is universally cited as the number one barrier to Head Start involvement in family support programs, including JOBS and substance abuse. Some Head Start programs have discovered imaginative ways to overcome those barriers. Most have not and will need guidance and help from ACYF. Central Head Start involvement in implementing the child care and development block grant and child care grants to states under title IV-A of the Social Security Act is one avenue to explore (Blank, 1991). Policies and procedures governing the arrangement and reimbursement of child care for Head Start participants who are JOBS clients is a second avenue.

Family health services is another program area that could emerge as a major priority. Three program activities that dovetail with identified national health goals can be highlighted as examples (Klerman, 1991). First, Head Start programs could move immediately to arrange that all younger siblings receive scheduled immunizations. Second Head Start programs could expand prenatal services, through broadened involvement with WIC and other health and nutrition services, to reduce infant mortality rates and the incidence of babies born with low birthweight. Third, Head Start could work in collaboration with Medicaid to insure that each family is linked to a permanent "medical home." The medical home "is available not only while Head Start is in operation but also when Head Start is not in session and after the child has graduated from Head Start" (Pizzo and Chavkin, 1991). Unlike other areas of family support, the state of the art of what should be done and the benefits that will be achieved in health services are straightforward. Individual Head Start programs (as well as CCDP and PCCs) have demonstrated the feasibility of the Head Start delivery system to play a major health role. Replicating these efforts on a national scale could build on health services required in the performance standards and should not prove to be a difficult or costly undertaking.

Goals and objectives should be attainable given competing demands on Head Start's budget. A two-generation strategy should not be permitted to derail steady progress toward the twin priorities of quality enhancements and expansion. Head Start funds should be invested prudently to mobilize resources from other funding authorities.

An example will illustrate the level of budget increments contemplated for a local Head Start program to add a two-generation capability. The example builds on the discussion of the kit of tools described under principle number 4 above. Assume a Head Start program serving 120 children (about one-third of Head Start programs are this size or smaller). The budget is $360,000 or $3,000 per child (about average for Head Start today but somewhat less than most early childhood experts would argue is desirable). The program has one social services staff (1 to 120 caseload). The program wishes to add two additional social services staff (to achieve a 1 to 40 staff to family ratio). This could be accomplished for an annual increase in the local budget of approximately $28,000 or less than 8% (Collins, Summer 1990).

The one-time cost of implementing a modern MIS might run as high as $10,000 to $15,000, including the computer system, software, and the training and technical assistance to make the system fully functional (no additional staffing should be required).

These social services and MIS costs are the "table stakes" if Head Start expects to be a serious player in the two-generation game. The big money would be expected to come from other program funding authorities that already have a mandate to serve low income populations and that should have their effectiveness enhanced within existing budget limitations. For society as a whole, the cost benefit formula (return on investment in a conventional business financial management calculation) is strongly favorable. Risks are few and potential rewards are high, a risk-reward ratio that should attract even the most conservative investor.

Regular assessment of program results should be accomplished through monitoring and reporting systems based on specified standards and indicators (focused on outcomes for children and families, not merely management or process benchmarks). The PIR and HSFIS are examples of such tools for accountability. Such assessment should be supplemented by rigorous and comprehensive research and evaluation. Research can validate information provided by monitoring and reporting systems and shed light on complex issues of causation and program models that work.

Next Steps in Research

Smith (1991) outlined a four-point scheme for studying two-generation programs. These points, all applicable to Head Start, are as follows:

1. A network of studies should compare the effects of systematically varied programs for different subgroups of families.

2. An interdisciplinary group of scholars should collaborate in the design and implementation of planned variation studies.

3. Future research should emphasize the careful assessment of the quality of component services.

4. A Federal interagency effort could provide the needed policy guidance, scientific standards, and resources to stimulate planned variation studies of two-generation programs.

Head Start has an advantage in that the groundplan for a research and evaluation effort that could be readily adapted to a two-generation strategy has already been devised. This blueprint is contained in the recommendations of the Advisory Panel for the Head Start Evaluation Design Project (Collins, September 1990).

The Panel took a broad view of Head Start's goals and objectives and developed a research strategy and principles organized around two major questions:

- Which Head Start practices maximize benefits for children and families with different characteristics under what types of circumstances?

- How are Head Start gains sustained for children and families after the Head Start experience?

The Panel endorsed an overall research strategy with a matrix of studies that are collectively designed to address these critical questions. Each of the studies should include *marker variables* for child functioning, family functioning, program characteristics and community characteristics. As a logical extension of the Panel's approach, subsets of marker variables targeted explicitly on two-generation issues could be added for program areas such as JOBS, substance abuse and family literacy.

Other principles endorsed by the Panel included recognizing the diversity of Head Start children and families and their community environments. In calling for a broad perspective on child and family outcomes, the Panel explicitly recognized that Head Start is a "*two generation program* that, in addition to the social competence goals for children, addresses goals for parents and other family members as priority outcomes in their own right." The Panel report continued "ACYF's research agenda should give high priority to issues of family functioning, parent involvement in their child's development, family support, and family variables as mediating influences on child functioning."

The Panel went on to recommend specific research directions, including "the interacting influences of preschool, family and later schooling in mediating the long-term effects of child and family participation in Head Start." Among the Head Start innovations that were mentioned as candidates for evaluation initiatives, the Panel highlighted "family literacy, transition and job training through the Family Support Act."

In addition to the research strategies outlined by Smith and the Panel, two themes should be given special emphasis, both related to cost issues. The first is the need for particular attention to return on investment. The state of the art for conducting cost benefit or cost effectiveness analyses in social programs is still primitive. Head Start evaluations have seldom collected cost data, and even more rarely have researchers attempted to link costs and outcomes in any rigorous fashion. In the long run, however, the requisite budgetary resources will be targeted on child and family support programs only if policymakers, the business community and the general public are convinced that these societal investments lead to improved lives coupled with increases in national productivity.

Research relating costs and outcomes calls for innovative methodologies. The underpinning for these techniques must be a thoughtful understanding of how to conceptualize outcomes in a two-generation program. *A common fallacy is to search for average effects of average programs on average participants at any one point in time.* For any one group of participants on any one outcome variable, the net achievements will generally be modest. For society's purposes, *what is important is the cumulative effect on all participants of all outcomes over time.*

Only 1 out of 7 children has a disability; the gains for that child can be considerable (such as six months of communication age for a speech impaired child), but the benefits disappear in total population analyses. Similarly for children whose dominant language is other than English (Spanish speaking children are known to benefit from participation in bilingual programs in Head Start); special substudies are necessary for these outcomes to register. The economic worth of immunizations for children and prenatal care for parents is apparent, but these benefits are rarely priced out in Head Start studies. Keeping children on grade level and out of special education are valuable outcomes, but they only show up through infrequent longitudinal analyses. Small proportions of Head Start parents are participating in JOBS and substance abuse programs, and no systematic data collection is being undertaken at present, but the benefits for families affected may be substantial and multigenerational. A methodology must be devised for capturing information about a mosaic of such child and family outcomes and cumulating the findings for meta-analysis across studies to arrive at a sensible overview of program costs in relation to outcomes.

The second theme is the need to take into account total real costs of delivering services. *Another common fallacy is to measure only Head Start costs, or sometimes only Federal Head Start budget inputs.* At least 20% of Head Start grantee budgets must consist of non-Federal share. Some states and local communities contribute funds, volunteer effort, and donate space and other non-Federal share well in excess of this minimum. This capacity of Head Start to mobilize matching funds is an index of program success. In one sense, it is a community level outcome indicator. From another perspective, these are real costs to society of investing in Head Start. When local Head Start programs obtain Child Care Food Program reimbursements or insure that families receive Medicaid funded health services, these are indices of operational effectiveness. These resources also come out of USDA and HHS budgets supported by taxpayers. The same is true for JOBS, OTI's substance abuse programs and other resources. *Any cost analysis methodology must take into account the two sides of the coin, mobilization of resources as an index of program effectiveness and the total real cost of a two-generation program strategy.* To accomplish such an analysis will require collaboration of ACYF and other agencies in combined research efforts to assess outcomes and costs in tandem.

A Final Word

Common sense and available research evidence points to the prospects for success of a two-generation strategy. A word of caution is in order, however. The state of the art of family support is in its infancy. Unlike the health areas mentioned above, there are few proven models for tackling intransigent problems afflicting families in poverty. Substance abuse, employability, adult education and family support in low income and minority populations are linked with other environmental causes and consequences in complex ways. Pragmatic solutions must be pursued in a systematic fashion over the long haul, avoiding the quick fix and faddish approaches that continue to attract planners who dream about social breakthroughs on the cheap. Like Head Start, a two-generation approach is not magic and will not achieve miracles. Like democracy, a two-generation strategy is merely the best bet for social investments of the available alternatives.

References

Administration for Children, Youth and Families, *Availability of Fiscal Year 1991 Funds for Head Start/Public School Early Childhood Transition Demonstrations*, Information Memorandum, U. S. Department of Health and Human Services, April 12, 1991.

Administration for Children, Youth and Families, *Availability of Financial Assistance and Request for Applications to Initiate or Expand Head Start Parent and Child Center Programs,* Program Instruction, U. S. Department of Health and Human Services, May 20, 1991.

Administration for Children, Youth and Families, *Availability of Financial Assistance and Request for Applications for Head Start Programs to Support the Efforts of Head Start Families to Attain Self-Sufficiency Through: (1) Family Service Center Demonstrations; (2) Programs Addressing Issues of Substance Abuse; and (3) Programs Addressing Other Specific Problems of Families,* Program Instruction, U. S. Department of Health and Human Services, May 31, 1991.

America 2000: An Education Strategy, Sourcebook, U. S. Department of Education, Washington, DC, April 18, 1991.

Blank, Helen, *The Child Care and Development Block Grant and Child Care Grants to States under Title IV-A of the Social Security Act: A Description of Major Provisions and Issues to Consider in Implementation*, Children's Defense Fund, Washington, DC, January 14, 1991.

Collins, Raymond C., "Home Start and Its Implications for Family Policy," *Children Today*, May-June 1980.

Collins, Raymond C., *Children and Society: Child Development and Public Policy*, Ph.D. Thesis, Princeton University, April 1981.

Collins, Raymond C., *Head Start Salaries: 1989-90 Staff Salary Survey*, National Head Start Association, Alexandria, Virginia, Summer 1990.

Collins, Raymond C., Project Director, *Head Start Research and Evaluation: A Blueprint for the Future, Recommendations of the Advisory Panel for the Head Start Evaluation Design Project*, Head Start Evaluation Design Project, Collins Management Consulting, Inc., Vienna, Virginia, September 1990.

Collins, Raymond C., and Kinney, Patricia F., *Head Start Research and Evaluation: Background and Overview*, Technical Paper Prepared for the Head Start Evaluation Design Project, Collins Management Consulting, Inc., Vienna, Virginia, November 1989.

Collins, Raymond C., and Anderson, Penny P., *Head Start Substance Abuse Guide*, Prepared under contract to the Department of Health and Human Services, Collins Management Consulting, Inc., Vienna, Virginia, January 1991.

Cooke, Robert, *Recommendations for a Head Start Program by Panel of Experts*, February 19, 1965, Office of Child Development, Department of Health, Education and Welfare, 1972.

Federal Register, "Program Performance Standards for Operation of Head Start Programs by Grantees and Delegate Agencies," Department of Health and Human Services, 40 FR 27562, June 30, 1975.

Klerman, Lorraine V., *Alive and Well? A Research and Policy Review of Health Programs for Poor Young Children*, National Center for Children in Poverty, New York, 1991.

Manpower Demonstration Research Corporation, *Project Summary of New Chance prepared for the "Two-generation research network meeting"* sponsored by the Foundation for Child Development, New York, held June 8, 1990, in Washington, DC.

Meisels, Samuel J., and Provence, Sally, *Screening and Assessment: Guidelines for Identifying Young Disabled and Developmentally Vulnerable Children and Their Families*, National Center for Clinical Infant Programs, Arlington, Virginia, 1989.

Nauta, Marrit J., and Hewett, Kathryn, "Studying Complexity: The Case of the Child and Family Resource Program," in Weiss, Heather B., and Jacobs, Francine H. (Eds.), *Evaluating Family Programs*, Aldine De Gruyter, New York, 1988.

Pizzo, Peggy Daly, and Chavkin, David, "Head Start and Medicaid: A New Marriage for the 1990s," *NHSA Journal*, National Head Start Association, Alexandria, Virginia, Spring 1991.

Project Head Start Statistical Fact Sheet, Administration for Children, Youth and Families, Department of Health and Human Services, January 1991.

Report of the Silver Ribbon Panel, *Head Start: The Nation's Pride, A Nation's Challenge, Recommendations for Head Start in the 1990's*, A Project of the National Head Start Association, Alexandria, Virginia, May 18, 1990.

S. 9-1-1: The School Readiness Act of 1991, U. S. Senate, May 1991.

Smith, Al, *Project Summary of CCDP Process Evaluation prepared for the "Two-generation research network meeting"* sponsored by the Foundation for Child Development, New York, held June 8, 1990, in Washington, DC.

Smith, Sheila, "Two-Generation Program Models: A New Intervention Strategy," *Social Policy Report*, Society for Research in Child Development, The University of Michigan, Ann Arbor, Michigan, Spring 1991.

Smith, Sheila; Blank, Susan; and Bond, James T., *One Program, Two Generations: A Report of the Forum on Children and the Family Support Act*, Foundation for Child Development in Partnership with the National Center for Children in Poverty, New York, 1990.

U. S. Department of Health and Human Services, *Final Report: Commissioner's Task Force on Parent Involvement in Head Start*, Washington, DC, U. S. Government Printing Office, 1989.

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